

| Item # | AZ Forms Produced (400-00-1012) |
|--------|---|
| 1 | AZ 140 A |
| 2 | AZ 8453 |
| 3 | AZ Worksheet (Line 24 & 25) (Not Transmitted) |
| 4 | AZ Worksheet (Line 27) (Not Transmitted) |
| 5 | AZ Worksheet (Line 35) (Not Transmitted) |

| Item # | Changes to Federal Pats Test |
|--------|--|
| 1 | Federal TP SSN to 400-00-7512 |
| 2 | Delete In care of |
| 3 | City from BlackJack to Tempe |
| 4 | State from MS to AZ |
| 5 | Zip Code from 39759 to 85280 |
| 6 | County from Oktibbeha to Maricopa |
| 7 | Daytime Phone from 888-555-2222 to 480-524-0615 |
| 8 | Change Federal Unemployment Compensation Was \$8,000 to \$3,800 |
| 9 | Add State Direct Deposit All information exactly the same as Federal |
| 10 | Change Third Party Designee Information Name = John E Pless Phone = 480-524-2922 |
| 11 | Add Preparer Information Name = John E Pless Firm = The Accounting Company Address = 235 Business Street City = Tempe State = AZ Zip = 85280 Phone = 480-524-2922 Self Employed = Yes SSN = 400-25-9505 EIN = 88-6868687 |
| 12 | AZ 140A 4 month Extension Box checked Clean Elections Fund Tax Reduction checked Amount Paid with 2004 Extension \$32 Child Abuse Prevention \$2 Special Olympics \$30 AZ Wildlife \$25 Domestic Violence Shelter \$5 Political Gift \$100 (Republican) Clean Elections \$10 Neighbors Helping Neighbors \$10 |
| 13 | Current W2 Box C = City, State, & Zip same as mailing address Box E = Same as mailing address Box 15 = Blank to AZ 121212888 Box 16 = \$10,000 Box 17 = Blank to \$756 |

14

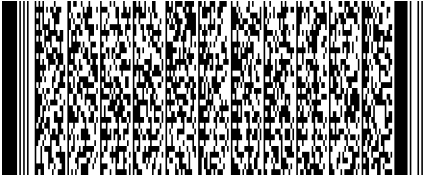
Add PIN

Paid Preparer PIN = 98765

Taxpayer PIN = 65432

ERO Keyed = Yes

Signature Date = 03-21-2005

| | | | | | |
|---|----|---|--|--|---|
| YOUR FIRST NAME AND INITIAL 1 TEST Z CANASTA | | LAST NAME | | YOUR SOCIAL SECURITY NO. 400-00-7512 | |
| IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1 | | LAST NAME | | SPOUSE'S SOCIAL SECURITY NO. | |
| PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO 2 12 QUEEN OF HEARTS BLVD | | DAYTIME PHONE 480-524-0615 | | IMPORTANT ↑ You must enter your SSNs. ↑ | |
| HOME ADDRESS CONTINUED 2 | | HOME PHONE 94 | | | |
| CITY, TOWN OR POST OFFICE 3 TEMPE, AZ 85280 | | STATE | | ZIP CODE | |
| | | | | FOR DOR USE ONLY | |
| F i l i n g s | 4 | Married filing joint return | | | |
| | 5 | X Head of household - name of qualifying child or dependent: SAMUEL CANASTA | | | |
| | 6 | Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶ | | | |
| | 7 | Single | | | |
| E t i o n n p s | 8 | 00 | Enter the number claimed. Do not put a check mark. | | Age 65 or over (you and/or spouse) |
| | 9 | 00 | | | Blind (you and/or spouse) |
| | 10 | 02 | | | Dependents. From page 2, line A2 - do not include self or spouse. |
| | 11 | 00 | | | Qualifying parents and ancestors of your parents. From page 2, line A5. |
| THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN | | | | | |
|  | | | | | |
| 12 | | Federal AGI (from your federal return) | | 12 10,600.00 | |
| 13 | | Age 65/over: box 8 x \$2,100 | | 13 00 | |
| 14 | | Blind: Mult box 9 x \$1,500 | | 14 00 | |
| 15 | | Dependents: bx 10 x \$2,300 | | 15 4,600.00 | |
| 16 | | Qualifying parents/ances | | 16 00 | |
| 17 | | Total subtractions. Add lines 13 through 16 | | 17 4,600.00 | |
| 18 | | Arizona AGI. Subtract line 17 from line 12 | | 18 6,000.00 | |
| 19 | | Standard deduction. If filing status box 4 or 5, enter \$8,100. If box 6 or 7, enter \$4,050 | | 19 8,100.00 | |
| 20 | | Personal exemptions. See pg 5 & 6 of the inst AZ taxable income. Subt lines 19 & 20 from line 18. If less than zero, enter zero | | 20 4,200.00 | |
| 21 | | | | 21 00 | |
| 22 | | Amt of tax from Opt Tax Rate Tables | | 22 00 | |
| 23-24 | | Clean Elections Fund Tax Reduction See instructions page 6. | | | |
| 23 | | 1 X YOURSELF 2 SPOUSE | | 24 00 | |
| 25 | | Reduced tax. Subtract line 24 from line 22 | | 25 00 | |
| 26 | | Family income tax credit from worksheet on page 7 of instructions | | 26 00 | |
| 27 | | Subtract line 26 from line 25. If less than zero, enter zero | | 27 00 | |
| 28 | | Clean Elections Fund Tax Credit. From worksheet on page 7 of the instructions | | 28 00 | |
| 29 | | Balance of tax. Subtract line 28 from line 27. If line 28 is more than line 27, enter zero | | 29 0.00 | |
| 30 | | Arizona income tax withheld during 2004 | | 30 756.00 | |
| 31 | | Amount paid with 2004 Arizona extension request (Form 204) | | 31 32.00 | |
| 32 | | Increased Excise Tax Credit from worksheet on page 8 of the instructions | | 32 75.00 | |
| 33 | | Property Tax Credit from Form 140PTC | | 33 00 | |
| 34 | | Total payments/credits. Add lines 30 through 33 | | 34 863.00 | |
| 35 | | TAX DUE. If line 29 is larger than line 34, subtract line 34 from line 29, and enter amount of tax due. Skip line 36 | | 35 00 | |
| 36 | | OVERPAYMENT. If line 34 is larger than line 29, enter amount of overpayment | | 36 863.00 | |
| 37 - 44 Voluntary Gifts to: | | | | | |
| Aid to Education (entire refund only) | | 37 | 00 | Arizona Wildlife | 38 25.00 |
| Child Abuse Prevention | | 40 | 2.00 | Domestic Violence Shelter | 41 5.00 |
| Special Olympics | | 43 | 30.00 | Political Gift | 44 100.00 |
| | | | | Citizens Clean Elections | 39 10.00 |
| | | | | Neighbors Helping Neighbors | 42 10.00 |
| 45 Check only one if making a political gift: 451 Democratic 452 Libertarian 453 X Republican | | | | | |
| 46 | | Total voluntary gifts: Add lines 37 through 44 | | 46 182.00 | |
| 47 | | REFUND. Subtract line 46 from line 36. If less than zero, enter amount owed on line 48. | | 47 681.00 | |
| Direct Deposit of Refund: See instructions. | | | | | |
| ROUTING NUMBER | | ACCOUNT NUMBER | | C X Checking or S Savings | |
| 98 012344589 | | LOANXXXX400001012 | | | |
| 48 | | AMOUNT OWED. Add lines 35 and 46. Make check payable to Arizona Department of Revenue; include SSN on payment | | 48 00 | |

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 2.

A1 List children and other dependents. If more space is needed, attach a separate sheet.

[illegible]

A3 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 5 of the instructions.

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP | HOME IN 2004 |
|---------------------|---------------------|--------------|--------------|
| | | | |
| | | | |

B6

PLEASE SIGN HERE

| | | |
|---------------------|------|-------------------------|
| PAID PREPARER'S TIN | DATE | PAID PREPARER'S ADDRESS |
|---------------------|------|-------------------------|

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning

, 2004, ending

, 20

OMB. No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

L
A
B
E
L

H
O
M
E
A
D
R
E
S
S

Your first name and initial

Last name

TEST Z

CANASTA

If a joint return, spouse's first name and initial

Last name

Your social security number

400-00-7512

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

12 QUEEN OF HEARTS BLVD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

TEMPE

AZ

85280

Presidential
Election Campaign
(See page 16.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

Spouse

☐ Yes ☒ No☐ Yes ☐ No

Filing Status

Check only one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.5 ☐ Qualifying widow(er) with dependent child. (See page 17)

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

1

b ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 18)

SAMUEL

CANASTA

400-55-3012

SON

☒

MARY

CANASTA

400-55-4012

DAUGHTER

☒No. of children on 6c who:
• lived with you 2
• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

10,000

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see page 20)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount (see page 22)

15b

16a Pensions and annuities

16a

b Taxable amount (see page 22)

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

3,800

20a Social security benefits

20a

b Taxable amount (see page 24)

20b

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . ▶

22

13,800

Adjusted Gross Income

23 Educator expenses (see page 26)

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 IRA deduction (see page 26)

25

26 Student loan interest deduction (see page 28)

26

27 Tuition and fees deduction (see page 29)

27

28 Health savings account deduction. Attach Form 8889

28

29 Moving expenses. Attach Form 3903

29

30 One-half of self-employment tax. Attach Schedule SE

30

31 Self-employed health insurance deduction (see page 30)

31

32 Self-employed SEP, SIMPLE, and qualified plans

32

33 Penalty on early withdrawal of savings

33

34a Alimony paid b Recipient's SSN ▶ STATEMENT # 1

34a

3,200

35 Add lines 23 through 34a

35

3,200

36 Subtract line 35 from line 22. This is your adjusted gross income ▶

36

10,600

Tax and Credits**Standard Deduction for—**

● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

● All others:
Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

| | | | |
|-----|--|----|--------|
| 37 | Amount from line 36 (adjusted gross income) | 37 | 10,600 |
| 38a | Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ▶ 38a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 38b <input type="checkbox"/> | | |
| 39 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 39 | 7,150 |
| 40 | Subtract line 39 from line 37 | 40 | 3,450 |
| 41 | If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 32 | 41 | 9,300 |
| 42 | Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- | 42 | 0 |
| 43 | Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 43 | 0 |
| 44 | Alternative minimum tax (see page 35). Attach Form 6251 | 44 | |
| 45 | Add lines 43 and 44 | 45 | |
| 46 | Foreign tax credit. Attach Form 1116 if required | 46 | |
| 47 | Credit for child and dependent care expenses. Attach Form 2441 | 47 | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R | 48 | |
| 49 | Education credits. Attach Form 8863 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit (see page 37) | 51 | |
| 52 | Adoption credit. Attach Form 8839 | 52 | |
| 53 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 | 53 | |
| 54 | Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify | 54 | |
| 55 | Add lines 46 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- | 56 | 0 |

Other Taxes

| | | | |
|----|---|----|-------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 | Advance earned income credit payments from Form(s) W-2 | 60 | 500 |
| 61 | Household employment taxes. Attach Schedule H | 61 | |
| 62 | Add lines 56 through 61. This is your total tax ADT | 62 | 1,715 |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|---|-----|-------|
| 63 | Federal income tax withheld from Forms W-2 and 1099 | 63 | 1,000 |
| 64 | 2004 estimated tax payments and amount applied from 2003 return | 64 | |
| 65a | Earned income credit (EIC) | 65a | 4,010 |
| b | Nontaxable combat pay election • ▶ 65b <input type="checkbox"/> | | |
| 66 | Excess social security and tier 1 RRTA tax withheld (see page 54) | 66 | |
| 67 | Additional child tax credit. Attach Form 8812 | 67 | |
| 68 | Amount paid with request for extension to file (see page 54) | 68 | |
| 69 | Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 69 | |
| 70 | Add lines 63, 64, 65a, and 66 through 69. These are your total payments | 70 | 5,010 |

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

| | | | |
|-----|--|---|-------|
| 71 | If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid | 71 | 3,295 |
| 72a | Amount of line 71 you want refunded to you | 72a | 2,795 |
| b | Routing number | 0 1 2 3 4 4 5 8 9 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number | L O A N X X X X 4 0 0 0 0 1 0 1 2 | |
| 73 | Amount of line 71 you want applied to your 2005 estimated tax | 73 | 500 |

Amount You Owe

| | | | |
|----|--|----|--|
| 74 | Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 | 74 | |
| 75 | Estimated tax penalty (see page 55) | 75 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ **Yes.** Complete the following. ☐ **No**

| | | |
|-----------------------|-----------------------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
| ▶ JOHN E PLESS | ▶ 480-524-2922 | ▶ 9 8 7 6 5 |

Sign Here

Joint return? See page 17.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------------|---------------------|----------------------|
| Your signature | Date | Your occupation | Daytime phone number |
| 65432 | 2005-03-21 | DEALER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | 480-524-0615 |

Paid Preparer's Use Only

| | | | |
|--|------|---|------------------------|
| Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code | EIN | | Phone no. |

Tax on Accumulation Distribution of Trusts▶ **Attach to beneficiary's tax return.**▶ **See instructions.****2004**Attachment
Sequence No. **73**

| | | |
|--|---|--|
| A Name(s) as shown on return TEST Z CANASTA | | B Social security number 400-00-7512 |
| C Name and address of trust SOLITAIRE TRUST FUND 64 W PARKWAY | | D Employer identification number 58-4504244 |
| E Type of trust (see instructions) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Foreign | F Beneficiary's date of birth 1963-03-01 | G Enter number of trusts from which you received accumulation distributions in this tax year ▶ 1 |

Part I Average Income and Determination of Computation Years

| | | |
|---|----------|--------|
| 1 Amount of current distribution that is considered distributed in earlier tax years (from Schedule J (Form 1041), line 37, column (a)) | 1 | 12,000 |
| 2 Distributions of income accumulated before you were born or reached age 21 | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 12,000 |
| 4 Taxes imposed on the trust on amounts from line 3 (from Schedule J (Form 1041), line 37, column (b)) | 4 | 620 |
| 5 Total (add lines 3 and 4) | 5 | 12,620 |
| 6 Tax-exempt interest included on line 5 (from Schedule J (Form 1041), line 37, column (c)) | 6 | 232 |
| 7 Taxable part of line 5 (subtract line 6 from line 5) | 7 | 12,388 |
| 8 Number of trust's earlier tax years in which amounts on line 7 are considered distributed | 8 | 5 |
| 9 Average annual amount considered distributed (divide line 3 by line 8) | 9 | 2,400 |
| 10 Multiply line 9 by .25 | 10 | 600 |
| 11 Number of earlier tax years to be taken into account (see instructions) | 11 | 5 |
| 12 Average amount for recomputing tax (divide line 7 by line 11). Enter here and in each column on line 15 | 12 | 2,478 |
| 13 Enter your taxable income before this distribution for the 5 immediately preceding tax years | (a) 2003 | 12,040 |
| | (b) 2002 | 32,150 |
| | (c) 2001 | 31,500 |
| | (d) 2000 | 27,200 |
| | (e) 1999 | 37,600 |

Part II Tax Attributable to the Accumulation Distribution

| | | | | |
|--|----|----------|----------|----------|
| | | (a) 2002 | (b) 2001 | (c) 2000 |
| 14 Enter the amounts from line 13, eliminating the highest and lowest taxable income years | 14 | 32,150 | 31,500 | 27,200 |
| 15 Enter amount from line 12 in each column | 15 | 2,478 | 2,478 | 2,478 |
| 16 Recomputed taxable income (add lines 14 and 15) | 16 | 34,628 | 33,978 | 29,678 |
| 17 Income tax on amounts on line 16 | 17 | 4,694 | 5,096 | 4,451 |
| 18 Income tax before credits on line 14 income | 18 | 4,326 | 4,729 | 4,084 |
| 19 Additional tax before credits (subtract line 18 from line 17) | 19 | 368 | 367 | 367 |
| 20 Tax credit adjustment | 20 | | | |
| 21 Subtract line 20 from line 19 | 21 | 368 | 367 | 367 |
| 22 Alternative minimum tax adjustments | 22 | | | |
| 23 Combine lines 21 and 22 | 23 | 368 | 367 | 367 |
| 24 Add columns (a), (b), and (c), line 23 | 24 | | | 1,102 |
| 25 Divide the line 24 amount by 3 | 25 | | | 367 |
| 26 Multiply the amount on line 25 by the number of years on line 11 | 26 | | | 1,835 |
| 27 Enter the amount from line 4 | 27 | | | 620 |
| 28 Partial tax attributable to the accumulation distribution (subtract line 27 from 26) (If zero or less, enter -0-) | 28 | | | 1,215 |

For Paperwork Reduction Act Notice, see instructions.

EEA

Form **4970** (2004)

Declaration Control Number (DCN)

00561332010125

Taxpayer's name

TEST Z CANASTA

Social security number

400-00-7512

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2004 (Whole Dollars Only)

| | | | |
|---|--|---|--------|
| 1 | Adjusted gross income (Form 1040, line 37; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 10,600 |
| 2 | Total tax (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 10) | 2 | 1,715 |
| 3 | Federal income tax withheld (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 7) | 3 | 1,000 |
| 4 | Refund (Form 1040, line 72a; Form 1040A, line 45a; Form 1040EZ, line 11a) | 4 | 2,795 |
| 5 | Amount you owe (Form 1040, line 74; Form 1040A, line 47; Form 1040EZ, line 12) | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2004, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I acknowledge that I have read the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

RTN=012344589 Acct=LOANXXXX400001012

☒ I authorize DRAKE INCOME TAX & ACCOUNTI to enter my PIN 65432 as my signature
ERO firm name do not enter all zeros
 on my tax year 2004 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2004 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
 on my tax year 2004 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2004 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2004 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

[010]AZ [011]
[020]00561332010125 [024]1 [030]012344589 [032]
[055] [025] [035]LOANXXXX400001012
[060]CANASTA [040]X [049] [048]
[065]
[070]TEST Z
[075]12 QUEEN OF HEARTS BLVD
[080]
[085]TEMPE
[090]
[095]AZ
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[105] [087]
[110] [098]
[115]480-524-0615 [050]
[052]51213
[150]4 [155]03 [023]RRRRRRRRRRRRRRRRR
[160] 10,000 [500] [700] [900]
[165] [505] [705] [905]
[170] [510] 863 [710] [910]
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[185] [525] [725] [925]
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[450] [650] [850]
[455] [655] [855]
[460] [660] [860]
[465] [665] [865]
[470] [670] [870]
[475] [675] [875]
[480] 756 [680] [880]
[485] [685] [885]
[490] 32 [690] [890]
[495] 75 [695] [895]
[300]DRAKE SOFT
[305]200412140A 400020020041028S0000000000003NNNDYN1N 00
[310]YY Y 400553012SON 400554012DAUGHTER
[315]
[320]

19620301

NN

SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Earned Income Credit
Qualifying Child InformationComplete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2004Attachment
Sequence No. **43****TEST Z CANASTA**

Your social security number

400-00-7512**Before you begin:**

See the instructions for Form 1040A, line 41, or Form 1040, line 65, to make sure that

(a) you can take the EIC and **(b)** you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION!**Qualifying Child Information****Child 1****Child 2**

| | First name | Last name | First name | Last name |
|---|---|---|---|---|
| 1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit. | SAMUEL | | MARY | |
| | CANASTA | | CANASTA | |
| 2 Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. | | | | |
| | 400-55-3012 | | 400-55-4012 | |
| 3 Child's year of birth | Year <u>1996</u> If born after 1985, skip lines 4a and 4b; go to line 5. | | Year <u>1992</u> If born after 1985, skip lines 4a and 4b; go to line 5. | |
| 4 If the child was born before 1986- | | | | |
| a Was the child under age 24 at the end of 2004 and a student? | <input type="checkbox"/> Yes. Go to line 5. | <input type="checkbox"/> No. Continue | <input type="checkbox"/> Yes. Go to line 5. | <input type="checkbox"/> No. Continue |
| b Was the child permanently and totally disabled during any part of 2004? | <input type="checkbox"/> Yes. Continue | <input type="checkbox"/> No. The child is not a qualifying child. | <input type="checkbox"/> Yes. Continue | <input type="checkbox"/> No. The child is not a qualifying child. |
| 5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | | | | |
| | SON | | DAUGHTER | |
| 6 Number of months child lived with you in the United States during 2004 ● If the child lived with you for more than half of 2004 but less than 7 months, enter "7". ● If the child was born or died in 2004 and your home was the child's home for the entire time he or she was alive during 2004, enter "12". | | | | |
| | <u>12</u> months Do not enter more than 12 months. | | <u>12</u> months Do not enter more than 12 months. | |

TIP

You may also be able to take the additional child tax credit if your child **(a)** was under age 17 at the end of 2004, **(b)** is claimed as your dependent on line 6c of Form 1040A or Form 1040, **and (c)** is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040.

Child Tax Credit Worksheet

Keep for your records.

Name(s) as shown on return

Your social security number

TEST 2 CANASTA

400-00-7512

Before you begin:

If you received (before offset) an advance payment of the child tax credit and you filed a joint return for 2003, you and your spouse are each considered to have received one-half of the payment.

If you received Notice 1319, have it available. The notice shows the amount of your advance payment (before offset). If you do not have Notice 1319, you check the amount of your advance payment (before offset) on the IRS website at www.irs.gov. You will need to enter your SSN, your 2003 filing status, and the total number of exemptions you claimed on line 6d of your 2003 Form 1040 or Form 1040A.

Part 1

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1 2,000
2. Enter the amount, if any, of your advance child tax credit (before offset). 2 _____
3. Is line 1 less than line 2?
☐ **Yes. STOP** You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.
☒ **No.** Subtract line 2 from line 1. 3 2,000
4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 10,600
5. **1040 Filers.** Enter the total of any -
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.**1040A Filers.** Enter -0-.
5 _____
6. Add lines 4 and 5. Enter the total. 6 10,600
7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,0007 75,000
8. Is the amount on line 6 more than the amount on line 7?
☒ **No.** Leave line 8 blank. Enter -0- on line 9.
☐ **Yes.** Subtract line 7 from line 6.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.).
8 _____
9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 0
10. Is the amount on line 3 more than the amount on line 9?
☐ **No. STOP**
 You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33. You also cannot take the additional child tax credit on Form 1040, line 65, or Form 1040A, line 42. Complete the rest of your Form 1040 or 1040A.
☒ **Yes.** Subtract line 9 from line 3. Enter the result. 10 2,000
 Go to Part 2.

Part 2

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11 _____
12. Add the amounts from -

| Form 1040 | or | Form 1040A | |
|------------------|----|------------|----------|
| Line 44 | | | _____ |
| Line 45 | | Line 29 | + _____ |
| Line 46 | | Line 30 | + _____ |
| Line 47 | | Line 31 | + _____ |
| Line 48 | | Line 32 | + _____ |
| Enter the total. | | | 12 _____ |
13. Are you claiming any of the following credits?
 - Adoption credit, Form 8839
 - Mortgage interest credit, Form 8396
 - District of Columbia first-time homebuyer credit, Form 8859☒ **No.** Enter the amount from line 12. 13 _____
☐ **Yes.** Complete the Line 13 Worksheet to figure the amount to enter here.
14. Subtract line 13 from line 11. Enter the result. 14 _____
15. Is the amount on line 10 of this worksheet more than the amount on line 14?
☐ **No.** Enter the amount from line 10. 15 _____
☒ **Yes.** Enter the amount from line 14. See the **TIP** below. **This is your child tax credit.**

TIP

You may be able to take the **additional child tax credit** on Form 1040, line 65, or Form 1040A, line 42, only if you answered "Yes" on line 15.

- First, complete your Form 1040 through line 64, or Form 1040A through line 41.
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 49, or Form 1040A, line 33.

Earned Income Credit Worksheet
Form 1040, line 63, Form 1040A, line 41, or Form 1040EZ, line 8

(keep for your records)

2004

Name(s) as shown on form

Your SSN

TEST Z CANASTA

400-00-7512

Before you begin, if you were a household employee who did not receive a Form W-2 because your employer paid you less than \$1,100 in 2004 **or** you were a minister or member of a religious order, see **Special Rules** on page 39 before completing this worksheet. Also, see **Special Rules** if Form 1040 or 1040A, line 7, includes workfare payments or any amount paid to an inmate in a penal institution.

Caution: Be sure to include all your income on lines 1, 2, 4, 5 and 8 below. An incorrect amount may increase your tax or reduce your refund.

1. Enter the amount from Form 1040 or Form 1040A, line 7, or Form 1040EZ, line 1 1. 10,000
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here 2. _____
3. Subtract line 2 from line 1 3. 10,000
4. If you were self-employed **or** used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet for self employed taxpayers 4. _____
5. Add lines 3 and 4 5. 10,000
6. Look up the amount on **line 5** above in the **EIC Table** on pages **51-55** to find your credit. Enter the credit here. If line 6 is zero, **stop**. You **cannot** take the credit. Enter "**No**" directly to the right of Form 1040, line 63, or Form 1040A, line 41. 6. 4,010
7. Enter your **modified AGI** (see page 39) or Form 1040EZ, line 4 7. 10,600
8. **Is line 7 less than -**
 - \$6,250 if you do not have a qualifying child? (\$7,250 if married filing joint)
 - \$13,750 if you have at least one qualifying child? (\$14,750 if married filing joint)
 - ☒ **Yes.** Go to line 9 now.
 - ☐ **No.** Look up the amount on **line 7** above in the **EIC Table** on pages **51-55** to find your credit. Enter the credit here 8. _____
9. **Earned income credit.**
 - If you checked "Yes" on line 8, enter the amount from line 6.
 - If you checked "No" on line 8, enter the **smaller** of line 6 or line 8 9. 4,010

Next: Take the amount from line 9 above and enter it on Form 1040, line 63, or Form 1040A, line 41.

AND

Complete **Schedule EIC** and attach it to your return
ONLY if you have a qualifying child.

Form **8867**

(Rev. November 2002)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Earned Income Credit Checklist**

OMB No. 1545-1629

▶ Do not send to the IRS. Keep for your records.For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.● **Investment Income**● **Qualifying Child**● **Earned Income****Caution.** Taxpayers who file **Form 2555** or **Form 2555-EZ** cannot take the earned income credit (EIC). Taxpayers who were nonresident aliens for any part of the year cannot take the EIC unless their filing status is married filing jointly.**Part I All Taxpayers**

- 1 Taxpayer's name **▶ TEST Z CANASTA**
Year after 2002 for which you are completing this form **▶ 2004**
- 2 Is the taxpayer's filing status married filing jointly, head of household, qualifying widow(er), or single? ☒ **Yes** ☐ **No**
- 3 Does the taxpayer, and the taxpayer's spouse if filing jointly, have a social security number (SSN) that allows him or her to work or is valid for EIC purposes (see the instructions before answering)? ☒ **Yes** ☐ **No**
Next: If you checked "**No**" on line 2 or line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.
- 4 Is the taxpayer's **investment income** more than the limit that applies to the year on line 1? See Pub. 596 for the limit ☐ **Yes** ☒ **No**
- 5 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person in the year on line 1? ☐ **Yes** ☒ **No**
Next, If you checked "**Yes**" on line 4 or line 5, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Part II Taxpayers With a Qualifying Child

- | | Child 1 | Child 2 |
|---|---|---|
| Caution. If there are two children, complete lines 6-11 for one child before going to the next column. | | |
| 6 Is the child - ● The taxpayer's son, daughter, adopted child, or stepchild, or ● A descendant of the taxpayer's son, daughter, adopted child, or stepchild, or ● The taxpayer's brother, sister, stepbrother, or stepsister, or ● A descendant of the taxpayer's brother, sister, stepbrother, or stepsister, or ● The taxpayer's foster child? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 If the child is married, is the taxpayer claiming the child as a dependent? (If the child is not married, check "Yes.") | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 Did the child live with the taxpayer in the United States for over half of the year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 Was the child (at the end of the year on line 1) - ● Under age 19, or ● Under age 24 and a full-time student, or ● Any age and permanently and totally disabled? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Next, If you checked " Yes " on lines 6 through 9, the child is the taxpayer's qualifying child; go to line 10a. If you checked " No " on line 6, 7, 8, or 9, the child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to Part III on page 2 to see if the taxpayer can take the EIC for taxpayers who do not have a qualifying child. | | |
| 10 Could any other person check " Yes " on lines 6 through 9 for the child? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Next, if you checked " No " on line 10a, go to line 11. Otherwise, continue. | | |
| b Enter the child's relationship to the other person(s). | | |
| c Is the other person(s) taking the EIC based on the child? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d If the tie-breaker rules applied, would the child be treated as the taxpayer's qualifying child (see the instructions before answering)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 Does the qualifying child have a valid SSN (see the instructions before answering)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Did you check "Yes" on line 11?

☒ **Yes.** The taxpayer can take the EIC if the taxpayer's **earned income** and adjusted gross income are each less than the limit that applies to the taxpayer's filing status for the year on line 1. See Pub. 596 for the limit. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two qualifying children with SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must also be filed.

☐ **No.** The taxpayer **cannot** take the EIC, not even the credit for taxpayers who do not have a qualifying child.

Part III Taxpayers Without a Qualifying Child

- 12** Was the taxpayer's main home, and the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) ☐ **Yes** ☐ **No**
- 13** Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? ☐ **Yes** ☐ **No**

Next, If you checked "**No**" on line 12 **or** line 13, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

- 14** Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's Federal income tax return for the year on line 1?
- ☐ **No.** The taxpayer can take the EIC if the taxpayer's **earned income** and adjusted gross income are each less than the limit that applies to the taxpayer's filing status for the year on line 1. See Pub. 596 for the limit. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed.
- ☐ **Yes.** The taxpayer **cannot** take the EIC.

Under penalties of perjury, I declare that I have examined the above information and to the best of my knowledge and belief, it is true, correct, and complete.
Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---------------------------|------|--|------|
| Your signature | Date | Spouse's signature. If joint return, BOTH must sign. | Date |
| Paid preparer's signature | Date | | |

Alternative Tax Net Operating Loss Worksheet

2004

| | | | |
|--|--|------------------------|---------|
| Name(s) as shown on return | | Social Security Number | |
| TEST Z CANASTA | | 400-00-7512 | |
| 1. Loss for the current year | | | 5,850 |
| 2. Personal exemptions | | 9,300 | |
| 3. Net operating loss deduction | | | |
| 4. Excess of nonbusiness deductions over nonbusiness income: | | | |
| (A) | AMT nonbusiness itemized deductions and adjustments | | |
| (B) | AMT nonbusiness income | | |
| (C) | Net nonbusiness capital gains (without regard to any section 1202 exclusion) | | |
| (D) | Total nonbusiness income | | |
| (E) | Difference (line 4(A) less 4(D)) not less than zero | | |
| 5. Adjusted deduction for business capital loss | | | |
| (A) | Business capital loss | | |
| (B) | Line 4(D) minus 4(A), not less than zero. Do not enter more than line 4(C) | | |
| (C) | Business capital gains (without regard to any section 1202 exclusion) | | |
| (D) | Total (line 5(B) plus 5(C)) | | |
| (E) | Difference (line 5(A) less 5(D)) not less than zero | | |
| 6. Excess of nonbusiness capital loss over nonbusiness capital gain | | | |
| 7. Adjusted section 1202 exclusion | | | |
| 8. Total adjustment and preference items (Form 6251) | | | |
| 9. Total (line 2 + 3 + 4(E) + 5(E) + 6 + 7 + 8) | | | 9,300 |
| 10. Current year alternative tax net operating loss - (line 1 less line 9) | | | (3,450) |

Summary of Estimates

| | | | | | | |
|---|-------------------------|-------|----------------|---------------|----------------|---------------|
| Form 1040-ES Department of the Treasury Internal Revenue Service 2004 | Payment Schedule | TOTAL | April 15, 2005 | June 15, 2005 | Sept. 15, 2005 | Jan. 18, 2006 |
| | Amount of installment | 500 | 500 | | | |
| | Overpayment applied | 500 | 500 | | | |
| | Amount due | | | | | |
| | | | | | | |

| | | | | |
|-----------------------------------|--|--|--------------------|---------------------------------|
| Amount of payment \$ _____ | P l e a s u r e t y p e | Your first name and initial | Your last name | Your social security number |
| | | TEST Z | CANASTA | 400-00-7512 |
| | | If joint payment, complete for spouse | | |
| | | Spouse's first name and initial | Spouse's last name | Spouse's social security number |
| | | Address (number, street, and apt. no.) | | |
| | | 12 QUEEN OF HEARTS BLVD | | |
| | | City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) | | |
| | | TEMPE AZ 85280 | | |

| | | | | | | |
|-------------------------------|-------------------------|-------|----------------|---------------|----------------|---------------|
| State Name: _____ _____ | Payment Schedule | TOTAL | April 15, 2005 | June 15, 2005 | Sept. 15, 2005 | Jan. 18, 2006 |
| | Amount of installment | | | | | |
| | Overpayment applied | | | | | |
| | Amount due | | | | | |

| | | | | | | |
|-------------------------------|-------------------------|-------|----------------|---------------|----------------|---------------|
| State Name: _____ _____ | Payment Schedule | TOTAL | April 15, 2005 | June 15, 2005 | Sept. 15, 2005 | Jan. 18, 2006 |
| | Amount of installment | | | | | |
| | Overpayment applied | | | | | |
| | Amount due | | | | | |